

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101057320

FILING DATE

APPLICANT(S)

12-30-05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/	
2				/		/
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4			/		/	
5			/		/	
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50						
TOTAL IND.			3		3	
TOTAL DEP.			15		15	
TOTAL CLAIMS			18		18	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						